

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH ENLARGING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

Form No. 3				CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
(1) PLACE OF BIRTH				STATE OF SOUTH CAROLINA		4473	
County of <u>Greenwood</u>				Bureau of Vital Statistics			
Township of <u>11</u>				State Board of Health			
or				Registration District No. <u>2306</u>		Registered No. <u>19</u>	
Inc. Town of <u>or</u>						(For use of Local Registrar)	
City of <u>(No. St.; Ward)</u>							
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)							
(2) Full Name of Child <u>Ray, Edna Little</u>						If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 11 1922</u>			
				(Name of Month) (Day) (Year)			
FATHER.				MOTHER.			
(8) FULL NAME <u>J. H. Little</u>				(14) NAME BEFORE MARRIAGE <u>Aldie Tyner</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Greenwood S.C.</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Greenwood S.C.</u>			
(10) COLOR OR RACE <u>W</u>				(16) COLOR OR RACE <u>W</u>			
(11) AGE AT LAST BIRTHDAY <u>37</u>				(17) AGE AT LAST BIRTHDAY <u>33</u>			
(12) BIRTHPLACE <u>Oglethorpe, Ga.</u>				(18) BIRTHPLACE <u>Madison Co., Ga.</u>			
(13) OCCUPATION <u>cotton mill operator</u>				(19) OCCUPATION <u>Domestic</u>			
(20) Number of children born to mother, including present birth <u>11</u>				(21) Number of children of this mother now living, including present birth <u>3</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE							
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>3:30 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)							
(23) (Signature) <u>J. M. Summers, M.D.</u>							
(24) State whether Physician or Midwife <u>Physician</u> Address of Physician or Midwife <u>Greenwood S.C.</u>							
Given name added from a supplementary report				(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
				(27) Filed <u>Mar. 12 1922</u> (28) <u>S. P. Brooks</u> Local Registrar.			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.							